

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155224		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 09/19/2011	
NAME OF PROVIDER OR SUPPLIER  COLUMBIA HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 621 WEST COLUMBIA STREET EVANSVILLE, IN 47710			
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K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 09/19/11</p> <p>Facility Number: 000129 Provider Number: 155224 AIM Number: 100266780</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Columbia Healthcare Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This two story facility with a basement was determined to be of Type II (111) construction and was</p>			K0000	<p>October 04, 2011</p> <p>Kim Rhoades Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204</p> <p>Dear Kim Rhoades,</p> <p>Please accept this 2567 Plan of Correction for the Annual Life Safety Survey ending 9/19/2011 as our Letter of Credible Allegation. Facility respectfully requests a Post Survey review on or after October 12, 2011.</p> <p>Thank you for your time in reviewing our plan of correction and please call with any questions.</p> <p>Sincerely,</p> <p>Matthew Trammell, HFA Executive Director</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0050 SS=F	<p>fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and resident rooms in the 1400 and 2400 halls. The facility has a capacity of 186 and had a census of 121 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 09/20/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>Based on record review and interview, the facility failed to provide quarterly fire drills for 1 of 3 shifts during 1 of 4 quarters. This deficient practice could affect all residents in the facility.</p>			K0050	<p><b>K050 It is the policy of this facility that fire drills are held at unexpected times under varying conditions, at least quarterly on each shift.</b></p>		10/12/2011

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	<p>Findings include:</p> <p>Based on review of the facility's fire drills in the Life Safety Reports book on 09/19/11 at 10:45 a.m. with the Maintenance Supervisor present, the facility lacked written documentation to show a fire drill was conducted during the third (night) shift of the second quarter (April, May, and June) of 2011. This was acknowledged by the Maintenance Supervisor at the time of record review.</p> <p>3.1-19(b)</p>				<p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice</b></p> <p><b>Training conducted with Maintenance supervisor completed. Education included but not limited to : Frequency of fire drills, documentation of fire drills, and tracking of the drills.</b></p> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken</b></p> <p>This alleged deficient practice could affect all residents in the facility.</p> <p><b>Training with Maintenance personnel over policy and procedure of fire drills.</b></p> <p><b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur All fire drills will be conducted and results submitted to Health Facility Administrator upon completion.</b></p>		

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K0062 SS=E	<p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on observation and interview, the facility failed to ensure 2 of over 1000 sprinkler heads in the facility were free of corrosion. NFPA 101 Section 9.7.5 refers to NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 2-2.1.1 requires sprinklers to be free of paint. Any sprinkler shall</p>			K0062	<p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place</b></p> <ul style="list-style-type: none"> <li>Fire Drill audit tool will be utilized weekly x4, monthly x 2 and quarterly thereafter.</li> <li>The CQI committee will review the audits and action plans will be developed, as needed, to improve compliance. Noncompliance with facility policy and procedure may result in employee education and/or disciplinary action up to and including termination.</li> </ul> <p><b>Compliance date: 10/12/2011</b></p> <p><b>K 062 Life Safety Code Standard</b></p> <p><b>It is the policy of this facility to ensure required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically.</b></p> <p><b>What corrective action(s) will be accomplished for those residents</b></p>		10/12/2011

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	<p>be replaced that is painted or corroded. This deficient practice could affect mostly staff while working in the Laundry Room.</p> <p>Findings include:</p> <p>Based on observation on 09/19/11 at 11:25 a.m. during a tour of the facility with the Maintenance Supervisor, two sprinkler heads in the washer area of the Laundry Room were covered with corrosion. This was acknowledged by the Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p>				<p><b>found to have been affected by the deficient practice</b></p> <p><b>No residents were affected.</b></p> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken</b></p> <p>No resident has potential of being affected. The identified two sprinkler heads have been replaced to life safety standards.</p> <p><b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur</b> Training conducted with maintenance personnel to include sprinkler head maintenance.</p> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place</b></p> <p>· The sprinkler head audit tool will be utilized bi-monthly x2, monthly x 3 and quarterly thereafter.</p> <p>· The CQI committee will</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/05/2011

FORM APPROVED

OMB NO. 0938-0391

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					review the audits and action plans will be developed, as needed, to improve compliance. Noncompliance with facility policy and procedure may result in employee education and/or disciplinary action up to and including termination.  <b>Compliance date: 10/12/2011</b>		